

sort had active pulmonary tuberculosis. The chief complaint of the patients was pain (74.5 per cent.), usually situated in the lower abdomen. Not much information was obtained from the menstrual history, although it was noted that 62 per cent. of the patients had dysmenorrhea and 41.5 per cent. menorrhagia. Amenorrhea occurred in only 6.5 per cent. of the patients. Nearly half of the patients had dysuria, nocturia and pollakiuria and more than half of the patients were constipated. Approximately one-fourth of the patients attributed the onset of their trouble to some uterine activity (menstruation, pregnancy, etc.). Half of the patients had lost weight during their illness but the physical examination presented no characteristic findings, except that one-fourth of the patients had pulmonary tuberculosis. Pre-operative elevation of temperature was recorded in 62.5 per cent. The blood usually showed either an absolute or a relative leukopenia and a reduced hemoglobin. The correct diagnosis before operation was made in only 13 per cent. of the cases, and in more than half of these the diagnosis was aided by the presence of ascites. In 53 per cent. of the cases it was necessary to perform a radical operation and complications during the operation occurred in 14.5 per cent. of the patients. One hundred and four cases were drained and of these 17.3 per cent. developed fecal fistulae. In one-third of all the patients there was suppuration of the abdominal incision. In 99 per cent. of the cases both tubes were involved, in 68 per cent. the peritoneum was involved and in 3 per cent. the appendix was tuberculous. The operative mortality in this series was 7.6 per cent., but the prognosis is grave in the presence of tuberculosis elsewhere in the body, where fever exists and where the peritoneum is involved. By means of follow-up letters 90 patients were traced and of this number 78 were found to be living from two months to thirty years after the operations and nearly all of those who are alive are in good condition.

Gynecologic Significance of Appendicitis in Early Life.—It seems to be well established that the appendix may undergo considerable grades of inflammation and yet eventually be restored to a condition of approximate normality. It is entirely probable that during the inflammatory periods of a chronic appendicitis, a serous or serofibrinous exudate is produced which finds its way by gravity into the true pelvis since one often encounters such an exudate in apparently uncomplicated pelves and wonders whence it came. Therefore, GRAVES (*Arch. Surg.*, 1921, ii, 315) believes that it is quite reasonable to suppose that, although this exudate is usually absorbed by the peritoneum, under certain conditions it may be sufficient either through bacterial or chemical influence to destroy the superficial epithelium of the pelvic peritoneum and to stimulate the subserous connective tissue into the formation of organized plastic adhesions; or it may itself become organized and form the basis of adhesions. In this way may be explained theoretically the cases not infrequently encountered in which, without sign or history of gonorrhea or puerperal sepsis, adhesions are found in the posterior cul-de-sac or implicating the surfaces of the adnexa while the appendix shows only mild evidence of disease, or perhaps none at all, to gross appearance. If besides the pelvic adhesions there is added a well-defined chronic appendicitis, or the scar of an

appendix operation performed in youth, the author believes his explanation is still more plausible; certainly more so than the attempt to ascribe the condition to an entirely improbable gonorrheal infection. For this reason appendicitis in childhood or young girlhood is an affection which must be regarded not simply with reference to the diseased organ itself but to the serious harm which it may exert on the pelvic organs, if left to work out its own destiny in a state of chronic inflammation. Early operation is therefore indicated in children when there is any suspicious evidence of appendicular infection. In the acute stage the appendix should be removed immediately to forestall if possible a secondary involvement of the adnexa. If pus is present, every effort should be made to drain the pelvis, it being feasible in certain cases to drain the pouch of Douglas through the vagina. Excepting in cases of localized abscess it is advisable to make a median line incision in order that the pelvic organs may be inspected, and that any abnormalities of position or plastic adherence may be remedied by a proper surgical procedure.

HYGIENE AND PUBLIC HEALTH

UNDER THE CHARGE OF

MILTON J. ROSENAU, M.D.,

PROFESSOR OF PREVENTIVE MEDICINE AND HYGIENE, HARVARD MEDICAL SCHOOL,
BOSTON, MASSACHUSETTS,

AND

GEORGE W. MCCOY, M.D.,

DIRECTOR OF HYGIENIC LABORATORY, UNITED STATES PUBLIC HEALTH SERVICE,
WASHINGTON, D. C.

Studies in the Treatment of Malaria.—MAYNE and MOSS (*Public Health Reports*, 1920, xxxv, 3082) review certain experimental observations on the use of quinin and other remedies in the treatment of malaria. The frequency of relapse under quinin is emphasized, even though large doses are given; for example, 45 grains daily for from three to eight weeks and smaller doses lead to high percentages of relapse. The maximum tolerated dose is 120 grains of quinin sulphate on each of two consecutive days. Neoarsphenamine in doses of 0.45 to 0.9 gram control the febrile paroxysms but do not cure, but this drug, in combination with quinin, is more effective in simple tertian infections than is either drug alone.

Syphilis as a Cause of Insanity.—DONALDSON (*Public Health Reports*, 1921, xxxvi, 67) by means of a questionnaire, ascertained the following facts with respect to state institutions for the insane: Percentage of male inmates whose insanity is due to syphilis, 6.2. Percentage of female inmates whose insanity is due to syphilis, 2.2. Percentage of inmates (male and female) whose insanity is due to syphilis, 3.9. Percentage of male admissions whose insanity is due to syphilis,